

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County 2nd
 City or town Easton, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 23 days
 Hospital, institution, or street address where death occurred:
Memorial Hospital

How long in hospital or institution? 23 days

3. (a) FULL NAME

Aikenhead Arthur

4. Sex male 5. Color or race white 6. (a) Single, married, or divorced married

6. (b) Name of husband or wife Alma Aikenhead

7. Birth date of deceased (mo., day, yr.) November 24, 1890 6. (c) If alive, give age 48 years

8. AGE: Years 51 Months 5 Days 3 If less than one day hrs. min.

9. Birthplace Maryland
 (Town, county, and state)
Patuxent

10. Usual occupation Painter

11. Industry or business John Aikenhead

12. Name Canada

13. Birthplace Fannie Whittaker

14. Maiden name Canada

15. Birthplace Mrs. Alma Aikenhead

16. Informant Same

Address Spring Hill

17. Burial Date thereof 5/5/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Easton, Md.

Location M. D. Williams

18. Funeral director Easton, Md.

Address 5/4

19. 48 (Date rec'd by registrar) 19 48 Registrar M. D. Williams

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Sancheity

City or town Inland Island, Md.
 (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war (If rural, give LOCATION)

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 May 19 48 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-8 19 48 to 5/3 19 48

and that I last saw him alive on May 3 19 48

Immediate cause of death Perforating Eubolusini

Due to Perforating ulcer

Due to Perforating ulcer

Other conditions Perforating ulcer

(Include pregnancy within 3 months of death)

Major findings of operations Perforating ulcer

Date of op. (If rural, give LOCATION)

Autopsy results Perforating ulcer

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide (City or town) (County) (State)

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) (City or town) (County) (State)

Means of injury (City or town) (County) (State)

Injured at work? (City or town) (County) (State)

23. SIGNATURE Easton

M. D. or other Easton

Address Easton

Date signed Easton

UNITED STATES DEPARTMENT OF JUSTICE

WASHINGTON, D. C.

OFFICE OF THE ATTORNEY GENERAL

RECEIVED
MAY 21 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Calvert
 City or town Easton, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death 4 days
 Hospital, institution, or street address where death occurred:
Regional Hospital
 How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Ridgely Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Ruth Boyce

3. (b) Social Security Number

4. Sex Female 5. Color or race Black 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Thomas

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1915 6. (c) If alive, give age 36 years

8. AGE: Years 33 Months 2 Days 15 It less than one day _____ hrs. _____ min.

9. Birthplace Ridgely, Caroline Md.
 (town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Raymond Murray

13. Birthplace Maryland

14. Maiden name Rebecca Henry

15. Birthplace Maryland

16. Informant Raymond Murray

Address Ridgely, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 5/5/48
 (month) (day) (year)

Cemetery or crematorium Henry Burial Ground

Location Near Ridgely Md.

18. Funeral director R. B. Ruppel

Address Greensboro, Md.

19. 5/2 48 N.H. Perkins
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 19 48, at 3:50 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-29 19 48, to 5-2 19 48

and that I last saw her alive on 5/2 19 48

Immediate cause of death _____ DURATION _____

Tubo - Paresis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work? _____

23. SIGNATURE R. B. Ruppel M.D. M. D. or other _____

Address Easton Md. Date signed 5/3/48

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MAY 12 1948

BUREAU V. N.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dead on arrival at 12:15 P.M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Albany
 City or town Easton, P.D.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
On way to hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County 29
 City or town Queen Anne
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Brown, Bonnie Lou

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 7 - 1948 B. (c) If alive, give age _____ years

8. AGE: Years 2 Months 2 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Queen Anne (Queen Anne Co.) Maryland
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Eugene Fisher Brown
 13. Birthplace Queen Anne Maryland
 14. Maiden name Laura E. Zimsky
 15. Birthplace Queen Anne Co. Maryland

16. Informant Mr. Eugene F. Brown
 Address Queen Anne, Maryland

17. Burial Date thereof 5-8-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Willow Cemetery
 Location Willow, Ind.

18. Funeral director Charles Shafford
 Address Easton Ind.

19. 5/10/48 19. 48 N.H. Neer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 19. 48, at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 9 19. 48, to May 9 19. 48
 and that I last saw him alive on May 9 19. 48

Immediate cause of death Heart as above

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Dr. L. L. Brown M. D. or other _____

Address Queen Anne Date signed 5/9/48

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MAY 21 1948
BUREAU V. B.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH

County Talbot
 City or town Gaston
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 13 months
 Hospital, institution, or street address where death occurred:
Greensboro St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Talbot
 City or town Gaston
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Marie Rebecca Carroll

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Jeremiah Carroll
 7. Birth date of deceased (mo., day, yr.) 1862
 6.(c) If alive, give age _____ years

8. AGE: Year 86 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Talbot Co Md
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Tracy

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Mr. Charles Carroll

Address Gaston Md.

17. Burial Date thereof 5/3/48
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Upper Bannock

Location Frederick Md

18. Funeral director Malcolm C. Newman, Son

Address Gaston Md.

19. 5/2 19 48 N.H. Neerier
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 19 48 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/24 19 48, to 5-1 19 48

and that I last saw him alive on 5-1 19 48

Immediate cause of death _____

Due to apoplexy

Due to arteriosclerosis, generalized

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE M. C. M.D.

Address Gaston Md Date signed 5-3-48

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MAY 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

admitted 5/13/48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

05349 290

Reg. Dist. No.

1. PLACE OF DEATH:

County Harbot - Easton
City or town Memorial Hospital
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 days
Hospital, institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne Co
City or town Chester, Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Mr Chassey Clough Jr.

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Ms. Kopy Clough
Jan. 28, 1882 6. (c) If alive, give age 64 years
7. Birth date of deceased (mo., day, yr.) 1

8. AGE: Years 66 Months 6 Days 18 If less than one day
hrs. min.

9. Birthplace Queen Anne County
(Town, county, and state)

10. Usual occupation Widower

11. Industry or business Same

12. Name Chassey Clough Sr.

13. Birthplace unknown

14. Maiden name Elizabeth Sparks

15. Birthplace unknown

16. Informant Mrs. Chassey Clough Jr.
Address Chester, Md

17. Burial Date thereof 5/18/48
(Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Stevensville

Location Stevensville Md

18. Funeral director Easton
Address Centerville Maryland

19. 5/16 19 48 D. H. Nerven
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16-1948 at 9:55 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/13/1948 to 5/16/1948

and that I last saw him alive on 5-16-1948

Immediate cause of death

DURATION

arteriosclerotic heart disease 1 year(?)

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

23. SIGNATURE [Signature] M. D. or other
Address Easton Md Date signed 5/17/48

66-3-18
1888-1-1-28
1948-2-1-28
4/4
4/4

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MAY 20 1948
BUREAU V. I.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 05350 291

1. PLACE OF DEATH: County <u>Talbot</u> City or town <u>Bozman Rural</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>6 yrs</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Md</u> County <u>Talbot</u> City or town <u>Bozman</u> (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war	
3. (a) FULL NAME <u>Walter Marshall Dake II</u>		3. (b) Social Security Number	
4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>	
6. (b) Name of husband or wife <u>Heleen V. Dake</u>		6. (c) If alive, give age <u>56</u> years	
7. Birth date of deceased (mo., day, yr.) <u>October 15-1886</u>			
8. AGE: Years <u>61</u> Months <u>6</u> Days <u>28</u> If less than one day _____ hrs. _____ min.			
9. Birthplace <u>Nashville, Tenn.</u> (Town, county, and state)			
10. Usual occupation <u>Retired</u>			
11. Industry or business <u>Mining Engineer</u>			
12. Name <u>Walter Marshall Dake</u>			
13. Birthplace <u>Pittsburgh, Pa.</u>			
14. Maiden name <u>Fanny Earlene Wind</u>			
15. Birthplace <u>Rock Co., Texas</u>			
16. Informant <u>Mrs. Walter Dake</u> Address <u>Bozman, Md.</u>			
17. (Burial, cremation, or removal) <u>Cremation</u> Date thereof <u>May 15-1948</u> Cemetery or crematory <u>Fort Lincoln</u> Location <u>Bladenburgh, Md.</u>			
18. Funeral director <u>John D. Williams</u> Address <u>Boston, Md.</u>			
19. (Date rec'd by registrar) <u>5/14</u> 19 <u>48</u> Registrar <u>N. S. Neerun</u>			
MEDICAL CERTIFICATION			
20. DATE OF DEATH <u>May-13th</u> 19 <u>48</u> at <u>9:50 A.</u> M.			
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>May 10,</u> 19 <u>48</u> to <u>May 13</u> 19 <u>48</u> and that I last saw him alive on <u>May 13</u> 19 <u>48</u>			
Immediate cause of death <u>Cerebral Hemorrhage.</u>			
Due to <u>Essential Hypertension.</u>			
Due to			
Other conditions			
(Include pregnancy within 3 months of death)			
Major findings of operations			
Date of op.			
Autopsy results			
PHYSICIAN: Please underline the cause to which death should be charged statistically.			
22. VIOLENCE: If death was due to external causes, fill in the following:			
Accident, suicide, or homicide _____ Date of _____			
Where did injury occur? _____ (City or town) _____ (County) _____ (State)			
Injured at home, farm, industry, public place (where?) _____			
Means of injury _____ Injured at work? _____			
23. SIGNATURE <u>Robert H. Brink, M.D.</u> M. D. or other _____			
Address <u>St. Michaels, Md.</u> Date signed <u>May 14, 1948</u>			

RECEIVED

MAY 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

admitted 4-7-48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

462

05351

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TalbotCity or town Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 28 days

Hospital, institution, or street address where death occurred:

Easton MemorialHow long in hospital or institution? 28 days

3. (a) FULL NAME

James Fields

3. (b) Social Security Number

4. Sex male5. Color or race negro6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Mary J. Fields6. (c) If alive, give age 61 years7. Birth date of deceased (mo., day, yr.) Nov 5 - 18888. AGE: Years 59 Months 5 Days 29 If less than one day

hrs. min.

9. Birthplace Myall Oak Md

(Town, county, and state)

10. Usual occupation laborer11. Industry or business Easton12. Name James Fields13. Birthplace Myall Oak Md14. Maiden name Sarah Moore15. Birthplace Myall Oak Md16. Informant Sarah GreenAddress Easton Md17. Burial Date thereof May 7, 1948

(Burial, cremation, or removal) (month) (day) (year)

Cemetery or place of interment St Pauls CemeteryLocation Diamonds Route18. Funeral director John D. WilliamsAddress Easton Md19. 5/5 48 N.B. Meier

(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 19 48 at 1:25 P. M.

21. CERTIFY that death occurred on the date above stated; that the deceased died from

April 7 19 48 to May 4 19 48and that I last saw him alive on May 4 19 48

Immediate cause of death _____

DURATION _____



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH:

County Talbot
 City or town Chestman
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Calvert
 City or town Chestman
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Savonia Jane Thompson

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Walter Thompson
 7. Birth date of deceased (mo., day, yr.) Jan 3, 1868 6.(c) If alive, give age 78 years
 8. AGE: Years 80 Months 4 Days 25 If less than one day
 9. Birthplace Delaware (Town, county, and state)
 10. Usual occupation House wife
 11. Industry or business Own home

MOTHER FATHER

12. Name Thomas Tibbott
 13. Birthplace Delaware
 14. Maiden name Elizabeth Phillips
 15. Birthplace Delaware
 16. Informant Percy Thompson
 Address Chestman Md.
 17. Burial Date thereof 5-30-48
 (Burial, cremation, or removal) Which? (month) (day) (year)
 Cemetery or crematory Chestman Meth.
 Location Chestman Md.
 18. Funeral director J. J. Reed's more
 Address Chestman Md.
 19. 5-30 1948 G. J. Jansone
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1948 at 10 A
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 1948 to May 28 1948
 and that I last saw him alive on May 26 1948
 Immediate cause of death malnutrition DURATION 3 wks
 Due to abdominal tumor 3 wks
 Due to was malignant
 Other conditions
 (Include pregnancy within 3 months of death)
 Major findings of operations
 Date of op.
 Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, pub'c place (where?)
 Means of injury Injured at work?
 23. SIGNATURE Wm M. Reed, M.D.
 Address Chestman Md. Date signed May 29, 1948
 M. D. or other

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 4 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05353

Reg. Dist. No. 294

1. PLACE OF DEATH:

County Talbot
 City or town Wittman
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 years.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town Wittman
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Lyda E. Hardin

3. (b) Social Security Number

none

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

female white widow

6.(b) Name of husband or wife John W. Hardin

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 18698. AGE: Years Months Days It less than one day
78 8 28 hrs. min.9. Birthplace Easton, Talbot Co., Md.
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name George Stitchberry13. Birthplace Talbot Co.14. Maiden name Sarah Smith15. Birthplace Talbot Co., Md.16. Informant Mrs. J. Howard MageeAddress Wittman, Md.17. Burial Date thereof May 31, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Druid Ridge CemeteryLocation Baltimore, Md.18. Funeral director Newnam & HarrisonAddress St. Michaels, Md.19. May 28 48 W. E. Lewis
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 19 48 at 2:00 A. M21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 30 19 47 to May 28 19 48and that I last saw her alive on May 28 19 48Immediate cause of death Essential HypertensionDURATION
10 yrs

Due to _____

Due to _____

Other conditions Chronic Myocarditis.

10 yrs

Chronic Nephritis

5 yrs

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE Robert H. Brink M.D. M. D. or otherAddress St. Michaels, Md. Date signed 5/28/48

RECEIVED

JUN 4 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TALBOTCity or town EPSON, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

WALTER HUGHES

3. (b) Social Security Number

218-24-3837

4. Sex male5. Color or race C6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Henriett Gibson7. Birth date of deceased (mo., day, yr.) APRIL 15, 1896
8. (c) If alive, give age _____ years8. AGE: Years 51 Months 1 Days 12 If less than one day _____ hrs. _____ min.9. Birthplace Easton Talbot Co. Md.
(Town, county, and state)10. Usual occupation Farm Labor

11. Industry or business

12. Name Unknown

13. Birthplace

14. Maiden name Ella Stanford15. Birthplace Talbot Co., Maryland16. Informant Henriett GibsonAddress Easton Rd 3 Md.17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof May 30/48
(month) (day) (year)Cemetery or crematory Richards CemeteryLocation Easton Talbot Co. Md.18. Funeral director Arthur StaffordAddress Easton Md.19. 5/29 19 48 N.A. Norris
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Easton Md. B.F.D.
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 19 48, at 5:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 25 19 48, to May 25 19 48, and that I last saw he alive on May 27 19 48.Immediate cause of death Coronary infarction DURATION 2 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Hayward T. Webb M.D.

M. D. or other _____

Address Easton, Md. Date signed 5/27/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County SevierCity or town Boston
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Anna P. Kemp4. Sex F. 5. Color or race White 6. (c) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Robert P. Kemp6. (c) If alive, give age 84 years7. Birth date of deceased (mo., day, yr.) Oct. 7, 18628. AGE: Years 85 Months 6 Days 17 It less than one day

hrs. min.

9. Birthplace Sevier, Tennessee
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name William Powell13. Birthplace N.J.14. Maiden name Ellis Atkins15. Birthplace Mo.16. Informant Mrs. Loe WrightAddress Boston, Mo.17. Burial Date thereof May 17, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Truett's Meeting HouseLocation Boston, Maryland18. Funeral director Bill CookAddress Boston, Maryland19. 5/15 19 48 A. H. Neiruo
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SevierCity or town Boston
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 19 48 a 3:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 1 19 45, to 5-14 19 48and that I last saw him live on May 13 19 48Immediate cause of death Generalized Arterio-sclerosisDue to Due to Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

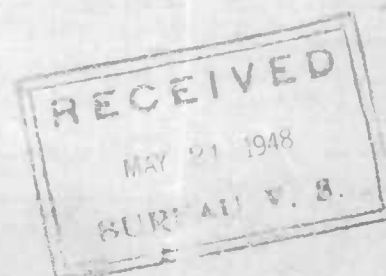
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?23. SIGNATURE Arthur F. BullAddress Boston 41 Date signed 5-14-48



Evidence for change of
age shown on:

WM No. G 116 JUN 10 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05356

94a

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH

County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2(a) If veteran, name war _____

3. (a) FULL NAME

Anna Matilda Krueger

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Robert Krueger

7. Birth date of deceased (mo., day, yr.) July 29 - 1895

8. AGE: Years 53 Months 9 Days 24 If less than one day _____ hrs. _____ min.

9. Birthplace Green Anne Md
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business _____

12. Name Perry Lee Glatthy

13. Birthplace Green Anne Md

14. Maiden name Ida Winder

15. Birthplace Green Anne Md

16. Informant Robt. Krueger

Address Easton Md

17. Burial Date thereof May 25 - 48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Spring Hill Cemetery

Location Easton Md

18. Funeral director John D. McElwain

Address Easton Md

19. 5/25 - 48 19 48 N. H. Neer Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 - 48 19 48 at 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 19 48 to May 23 19 48 and that I last saw him alive on May 22 19 48

Immediate cause of death Coronary Thrombosis DURATION 5 days

Due to gen. art. sclerosis. yrs.

Due _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE Walter J. Buell Md. M. D. or other _____
Easton Md Date signed 5/25/48

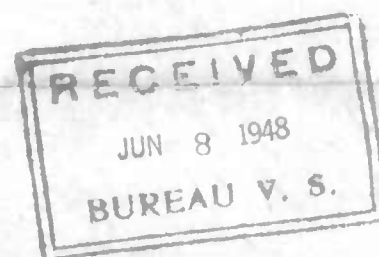
MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 93d 05357 291

1. PLACE OF DEATH:

County Talbot
 City or town St. Michaels
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
St. Michaels
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town St. Michaels
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

George Franklin Larrimore

3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Minerva Jane Larrimore
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) January 17, 1862
 8. AGE: Years 86 Months 6 Days 7 If less than one day hrs. min.

9. Birthplace St. Michaels, Md.
 (Town, county, and state)
 10. Usual occupation Waterman
 11. Industry or business

FATHER 12. Name Louis F. Larrimore
 13. Birthplace Talbot County
 MOTHER 14. Maiden name Mary Bridges
 15. Birthplace Talbot County

16. Informant Mrs. Florence Seymour
 Address St. Michaels, Md.

17. Burial Date thereof 5 24 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Olivet Cemetery
 Location St. Michaels, Md.

18. Funeral director Norman D. Marshall
 Address St. Michaels, Md.

19. May 24, 1948 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21, 1948 at 7:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 25, 1948 to May 21, 1948
 and that I last saw him alive on May 21, 1948

Immediate cause of death Cerebral Haemorrhage DURATION 16 days

Due to Hypertensive Cardiovascular Disease Years 2
 Due to Generalized Arteriosclerosis Years 2

Other conditions Asphyxiation Pneumonia 3 days
 (Include pregnancy within 8 months of death)

Major findings of operations Date of op.

Autopsy results
 PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Adel W. Michaels, M.D. M. D. or other
 Address St. Michaels, Md. Date signed 5-21-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH

County CalvertCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Div.

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

May 6, 1872

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

751125

hrs.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

5/248N. H. Neerue

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new-born infants give residence of mother)

State

City or town

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

RECEIVED

MAY 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 29V

1. PLACE OF DEATH:

County TalbotCity or town Windy Hill (near Trapp)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County TalbotCity or town Windy Hill (Rural)

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Isabelle Morgan

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Thomas Henry Morgan6. (c) If alive, give age 75 1/2 years

7. Birth date of

deceased (mo., day, yr.)

Dec. 23, 1871

8. AGE:

Years

Months

Days

If less than one day

76425

hrs.

min.

9. Birthplace

Dorchester Co., Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

William Trappier

13. Birthplace

Dorchester Co., Md.

14. Maiden name

Victoria Price

15. Birthplace

Dorchester Co., Md.

16. Informant

Mr. Thomas H. Morgan

Address

Windy Hill Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

Near Trapp, Md.

18. Funeral director

Address

Easton, Md.

19.

(Date rec'd by Registrar)

19 48Isabelle Morgan

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 1819 48

at

3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 18th19 48to May 1819 48

and that I last saw him alive on

May 1819 48

Immediate cause of death

Cardiac decompensation

DURATION

18 hrs

Due to

Myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Isabelle Morgan

M. D. or other

Address

Easton Md.

Date signed

May 18 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05360

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Prince George's
 City or town Riverdale, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 yr.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Talbot
 City or town Riverdale
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Dorothy E. Eland
 6.(c) If alive, give age 54 years
 7. Birth date of deceased (mo., day, yr.) Nov. 26, 1892
 8. AGE: Years 55 Months 5 Days 12 If less than one day
 hrs. min.

9. Birthplace New York City
 (Town, county, and state)

10. Usual occupation Chief Clerk

11. Industry or business

12. Name James Henry Murray

13. Birthplace N.Y.

14. Maiden name Alice Purling

15. Birthplace Md.

16. Informant Mrs. James Purling Murray

Address Riverdale, Md. R. D.

17. Burial Date thereof May 28, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location New York City

18. Funeral director Wm. J. Glick

Address Riverdale, Md.

19. 578 48 N. H. Reeves

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1948 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5 hrs 1948 to 8 hrs 1948

and that I last saw him alive on 8 hrs 1948

Immediate cause of death Gravely intestinal

human body & shock DURATION 6 hrs

Due to Carcinoma of the sigmoid 2 years

Due to colon

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of sigmoid

colon Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Reverend Harrison M.D.

Address Catholic Maryland Date signed 8 May '48

RECEIVED

MAY 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH:

County Talbot
 City or town Sherwood
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot
 City or town Sherwood
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

CHARLES MYERS

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Georgia Myers6.(c) If alive, give age 66 years7. Birth date of deceased (mo., day, yr.) Feb. 14, 1878

8. AGE: Years 70 Months 2 Days 21 If less than one day
hrs.min.

9. Birthplace Sherwood, Md.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Jerry Myers13. Birthplace Sherwood, Md.14. Maiden name Motella Johnson15. Birthplace Unknown18. Informant James JyersAddress 312 No. Redfield St. Phila17. Burial Date thereof May 7, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Sherwood, MdLocation Norman D. Marshall18. Funeral director St. Michaels, MdAddress St. Michaels, Md19. May 7 19 48 G. Wesley Russell
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 19 48 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 19 40, to May 3 19 48and that I last saw him alive on May 3 19 48Immediate cause of death loss of consciousnesschronic valvular heart action

Due to _____ DURATION _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

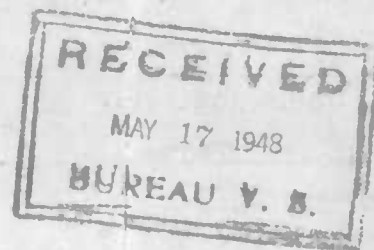
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Phyllis Reese, M.D.Phyllis Reese, M.D. M. D. or otherAddress May 6, 1948 Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05362

Reg. Dist. No. 291

1. PLACE OF DEATH:

County Talbot

City or town Bozman
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 hrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town St. Michaels
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

John W. Neavitt

3. (b) Social Security Number

212-07-9220

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Ada Mae Neavitt
6.(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) May 5 1889

8. AGE: Years 59 Months - Days 14 If less than one day hrs. min.

9. Birthplace Bozman Talbot Co. Maryland
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business

12. Name Edward S. Neavitt

13. Birthplace Neavitt, Md.

14. Maiden name Ida B. Mc. Quay

15. Birthplace Bozman, Md.

16. Informant Mrs. John W. Neavitt

Address St. Michaels, Md.

17. Burial Date thereof May 22, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bozman Cemetery

Location Bozman, Md.

18. Funeral director Newnam & Harrison

Address St. Michaels, Md.

19. May 22, 1948 Registrar Mrs. Ruth H. Seab

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 19 1948 at 12:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 10 1948 to May 14 1948
and that I last saw him alive on TUES. MAY 18 1948

Immediate cause of death CORONARY OCCLUSION DURATION 5 min

Due to.....

Due to.....

Other conditions Hypertension 6 mos.

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arthur V. McCallum, M.D. M. D. or other

Address St. Michaels, Md. Date signed 5-19-48

MARGIN RESERVED FOR BINDING

9-45-15

VS 'A15'

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Belleverue
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all of life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Talbot
 City or town Belleverue
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Robert L. Newnam

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Mallie Roe
 7. Birth date of deceased (mo., day, yr.) Sept. 14, 1868 6.(c) If alive, give age 77 years
 8. AGE: Years 87 Months 8 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Royal Oak, Md
(Town, county, and state)10. Usual occupation Retired Waterman

11. Industry or business

12. Name William Newnam
 13. Birthplace Talbot County
 14. Maiden name Sarah Bartlett
 15. Birthplace Talbot Co.

16. Informant Edward Newnam
 Address Belleverue, Md

17. Burial Date thereof June 1, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill
 Location Easton, Md

18. Funeral director John D. Williams
 Address Easton, Md

19. 5/30 19 48 J. H. Skirer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 19 48 at 12-noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 4 19 48, to May 29 19 48, and that I last saw him alive on May 28 19 48

Immediate cause of death acute surmi DURATION
ia

Due to chronic nephritis

Due to _____

Other conditions chronic mitral
regurgitation
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A. Harry Gibson M.D.
 Address St. Michaels Mo Date signed 5/31/48

RECEIVED

JUN 8 1942

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 days

Hospital, institution, or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Federalburg
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Table, Mrs. Ola F

3. (b) Social Security Number

4. Sex Female5. Color or race white6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband deceasedRaymond W. Noble7. Birth date of deceased (mo., day, yr.) April 30, 18908. AGE: Years 58 Months 29 Days 3 If less than one day _____ hrs. _____ min.9. Birthplace Federalburg, Caroline County, Maryland
(Town, county, and state)10. Usual occupation None11. Industry or business None12. Name George F. Smith13. Birthplace Federalburg, Maryland14. Maiden name Mary Ida Dukes15. Birthplace Federalburg, Maryland16. Informant Mrs. Mary MorrisAddress Federalburg, Maryland17. Buried Date thereof May 31, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Hill Crest CemeteryLocation Federalburg, Md.16. Funeral director J. J. Thompson & SonAddress Federalburg, Md.19. 5/30 19 48 N. H. Neerive
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 29 May 19 48, at 5:30 am M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15 May 19 48 to 29 May 19 48and that I last saw him alive on 26 May 19 48Immediate cause of death Quies - intestinalhuman biteDue to Esophageal varicesDue to Cirrhosis of liverOther conditions Bruceiosis

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results Cirrhosis of liver

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Mean of injury _____ Injured at work? _____

23. SIGNATURE Wm. C. Harrison M.D.Easton Mayland Date signed 29 May 48

Address _____

RECEIVED

JUN 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner's age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TalbotCity or town outside Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Cordova
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

William Green Stoker

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

- S -

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 31 1948 at 5:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19____, to 19____

and that I last saw him alive on 19____

Immediate cause of death

DURATION

Compound fracture skull
Struck by train

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 5-31-48Where did injury occur? Cordova Tal md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) highwayMeans of injury V. above Injured at work? No

23. SIGNATURE

Louis A. Mott M.D. M.E.

M. D. or other

Address Easton Md Date signed 5-31-48

MOTHER FATHER

12. Name

Emerson Stoker

13. Birthplace

Balto Md.

14. Maiden name

Mrs. Fred Buckholty

15. Birthplace

St. Michaels Md.

16. Informant

Mr. Charles Waller

Address

Farmbridge Md.

17.

(Burial, cremation, or removal. Which?)

Date thereat

6/2/48

Cemetery or crematory

Oliver Cemetery

Location

St. Michaels Md.

18. Funeral director

Norman B. Marshall

Address

St. Michaels Md.

19.

(Date recd by registrar)

4/1 1948D. A. Newry

Registrar

1938

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1948

RECEIVED

JUN 8 1948

BUREAU V. S.